

PREPARE IN DUPLICATE						DDS-OTR-LS-8	
1. TITLE OF REPORT (if a fill-in report include Form No.) ANNUAL PROGRAM CALL -- BUDGET ESTIMATES						2. TYPE OF REPORT XXX STATISTICAL NARRATIVE MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL LOGISTICS MEDICAL		TRAINING SECURITY XXX FINANCE		ADMIN. GENERAL OTHER (specify)	
4. NO. OF COPIES PREPARED 4		5. FREQUENCY (weekly, monthly, quarterly, etc.) Annual				6. DISTRIBUTION (No. of components not number of copies) D/OTR	
7. FORMAT (memorandum, form computer print-out, etc) OTR Form		8. ADP PROCESSING YES XXX NO		9. DIRECTIVE AUTHORITY REQUIRING REPORT D/OTR			
10. PREPARING COMPONENT (include lowest level contributing information to report) C/LS				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) None			

## 12. COST FACTORS

### A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED	=	COST PER YEAR
GS-12	8.00		10		80.00		1		87.20